NHS England: Equality and Health Inequalities Impact Assessment (EHIA)

A completed copy of this form must be provided to the decision-makers in relation to your proposal. The decision-makers must consider the results of this assessment when they make their decision about your proposal.

1. Name of the proposal (policy, proposition, programme, proposal or initiative): Service Specification: Specialised Hepatobiliary and Pancreas (HPB) Services (Adults) - including HBP surgery, interventional radiology and specialised liver medicine (hepatology).

2. Brief summary of the proposal in a few sentences

A02/S/a - 250501 Specialised Hepatobiliary and Pancreas (HPB) Services (Adults)

This service specification covers the provision of specialised liver, pancreatic and biliary services for adults. The service specification is a revision of the version published in October 2013. The focus of the amendments to the specification is to:

- amend the current specialised pathway which has changed in some sections since 2013;
- Remove references to the management of liver and pancreatic cancers, which now have their own specifications and metrics;
- Identify outcomes and specific quality improvement metrics to enable services to be measured as part of NHS England's quality improvement programme;
- Emphasise the importance of adopting a networked approach to ensure smooth pathway to specialised services from primary and secondary care.
- The content has been transferred into the new template format for national Service Specifications, taking the opportunity to refresh terminology and update links to professional guidance.

Specialised hepatobiliary services form part of a much larger patient pathway spanning from primary and community care through to transplantation services. This specification focusses on the specialized aspects of care, to ensure timely access for those patients that require specialist input into their care.

3. Main potential positive or adverse impact of the proposal for protected characteristic groups summarised

Please briefly summarise the main potential impact (positive or negative) on people with the nine protected characteristics (as listed below). Please state **N/A if your proposal will not impact adversely or positively on the protected characteristic groups listed below. Please note that these groups may also experience health inequalities.**

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
Age: older people; middle years; early years; children and young people.	Risk factors for liver, bile duct and pancreatic disease (alcohol use, obesity and viral hepatitis) occur across all ages groups. Although liver disease can affect people of any age, deaths are highest in midlife (age 45 to 64) making up half of deaths from liver disease, followed by people aged 65 to 84 (35% of deaths). There are much smaller numbers of deaths in 25 to 44 year-olds (11%) and people aged 85 and over (4%). Fewer than 1% of deaths are in people aged under 25. The average age of death from liver disease in 2020 in England was 61 for men and 62 for women[1]. Incidence and prevalence figures are available for hepatitis b infection (by not hepatitis c infection) by age group showing that estimated HBsAg prevalence is highest in the 30-49 age group (0.86%), with the 16-29 age group having a prevalence rate of 0.56% and those aged 50 and over having a prevalence rate of 0.40%)[2]. HBsAg	The proposal sets a standard for hepatobiliary and pancreas services for all patients, irrespective of patients' age. The new service specification requires services to provide patient centred care, recognising that existing comorbidities may impact on patients engaging with specialised Hepatobiliary and pancreas services. Services should establish relevant clinical links to ensure the totality of a patient's needs are considered as part of care provision under the service specification both as part of their multi-disciplinary team review arrangements and throughout all aspects of treatment and care.

[1] https://britishlivertrust.org.uk/information-and-support/statistics/#:~:text=Half%20of%20liver%20disease%20deaths,deaths%20from%20liver%20disease%207.
[2] https://www.gov.uk/government/publications/hepatitis-b-in-england/hepatitis-b-in-england-2024#reducing-incidence-and-prevalence-of-hepatitis-b

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	(Hepatitis B surface Antigen) is a test used to detect the presence of the hepatitis B infection in the blood. The average age of onset of chronic pancreatitis is between 36-55 years old, making working age people at greatest risk of being diagnosed with chronic pancreatitis[3]. Older patient age groups are more likely to experience other co-morbidities and the service specification will need to ensure that hepatology and gastroenterology services also link with other clinical specialties. There is a gap in the epidemology for both bile disease and pancreatitis. There are no routinely available data sources published that report morbidity and/or mortality from bile duct disease or pancreatitis either in total numbers, rates and percentages or broken down by age group.	
Disability: physical, sensory and learning impairment; mental health condition; long-term conditions.	There is a bidirectional relationship between liver disease and chronic pancreatitis and disability. People who experience liver disease and chronic pancreatitis may be at increased risk of other health conditions due to the underlying behavioural risk factors associated with liver disease and chronic pancreatitis (e.g. alcohol use and obesity). Being overweight or obese can impact on an individual's	The proposal sets a standard for hepatobiliary and pancreas services for all patients, irrespective of disability status. The service specification should be commissioned within the NHS Standard contract, which includes SC12 and SC13 which state that commissioned services are expected to support accessibility of services through delivery of services in appropriate

[3] https://www.nice.org.uk/guidance/ng104/chapter/Context#chronic-pancreatitis-2

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	exercise tolerance, mobility and functional ability. Equally, people with a disability may be at increased risk of liver disease and chronic pancreatitis if they are physically inactive or have a high BMI. In addition, people with chronic pancreatitis often also experience problems with their digestive function and have a reduced endocrine function, resulting in diabetes. Although in around 95% of cases of chronic pancreatitis there is no known cause, for some of the remaining 5% of cases, the underlying cause is due to hypercalcaemia, hyperlipidaemia or autoimmune disease, co-morbidities which may be considered disabilities in their own right.	estates which support access for individuals with disability related needs, such as the use of step free access, mobility aids and hearing loops. All NHS providers should ensure access to interpreter and communication guides at each appointment for patients requiring this support, and that recording processes are in place to capture patient communication needs in line with the NHS Accessible information standard.
Gender Reassignment and/or people who identify as Transgender	There is no published evidence to provide a credible estimate of the rates of alcohol use, obesity and viral hepatitis in this population. Some studies hypothesise that groups who face stigma and discrimination may drink alcohol at harmful levels but there are methodological issues associated with large scale population surveys of the kind needed to fill this evidence gap. The specification will not have any positive or adverse impact on this protected characteristic group.	No specific mitigations are required. Commissioned providers will require all their staff to have completed their mandatory Equality, Diversity & Inclusion training to ensure they are fully compliant with all relevant legislation.
Marriage & Civil Partnership: people	The specification will not have any positive or adverse impact on this protected characteristic group.	No specific mitigations are required.

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
married or in a civil partnership.		
Pregnancy and Maternity: women before and after childbirth and who are breastfeeding.	Pregnancy and maternity are not associated with chronic pancreatitis, and there is no causal association between pregnancy and chronic liver disease (CLD) although some immune liver conditions may destabilize in pregnancy and the post-partum period, and cirrhosis and immune liver diseases confer an increased risk of complications to the pregnant woman. There are also rare pregnancy related liver diseases such as acute fatty liver of pregnancy (incidence around 5 in 100,000 pregnancies) and others which can necessitate advisory or transfer services between obstetric teams and regional or transplant liver centers. This life stage provides an opportunity to deliver public health interventions, notably hepatitis B screening, hazardous alcohol use and identification of obesity with referral to weight management. Latest data report 99.8% coverage of Infectious Diseases Screening in Pregnancy in 2021/22[4] and obesity rates in early pregnancy of 22% in 2018/19[5].	The service specification will clarify referral arrangements between maternity services and specialist hepatobiliary and pancreas services.

[4] https://fingertips.phe.org.uk/search/hepatitis
[5] https://fingertips.phe.org.uk/search/obesity

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
Race and ethnicity[6]	Estimates of alcohol use and obesity are available by ethnic group. Hazardous, harmful and dependent drinking rates are lower in some ethnic groups[7] (Asian 2.6%, Black 7.2%, Other Mixed 7.4%) compared with White British 14.8%). Looking at ethnicity by gender, around a fifth of White British women and around a third of White British men are drinking at hazardous, harmful and dependent levels. Incidence and prevalence figures are available for hepatitis b infection (by not hepatitis c infection) by ethnicity showing that estimated HBsAg prevalence is highest in people who identify as Black, black British, Caribbean or African (3.38%), and lowest in people who identify as White (0.13%)[8]. Prevalence rates are 1.55% in people who identify as any other white background; 1.27% in people who identify as mixed or multiple ethnic groups and 1.22% in people who identify as Asian or Asian British. HBsAg (Hepatitis B surface Antigen) is a test used to detect the presence of the hepatitis B infection in the blood.	No specific mitigations are required. Commissioned providers will require all their staff to have completed their mandatory Equality, Diversity & Inclusion training to ensure they are fully compliant with all relevant legislation. Data collection and quality monitoring should include recording of ethnicity data and monitoring of any disparities in access and outcomes on basis of race (and deprivation decile) to support engagement with ongoing national, regional and local work to address health inequalities across all NHS services.

[6] Addressing racial inequalities is about identifying any ethnic group that experiences inequalities. Race and ethnicity includes people from any ethnic group incl. BME communities, non-English speakers, Gypsies, Roma and Travelers, migrants etc. who experience inequalities so includes addressing the needs of BME communities but is not limited to addressing their needs, it is equally important to recognise the needs of White groups that experience inequalities. The Equality Act 2010 also prohibits discrimination on the basis of nationality and ethnic or national origins, issues related to national origin and nationality.
[7]https://www.ethnicity-facts-figures.service.gov.uk/health/alcohol-smoking-and-drug-use/harmful-and-probable-dependent-drinking-in-adults/latest
[8] https://www.gov.uk/government/publications/hepatitis-b-in-england/hepatitis-b-in-england-2024#reducing-incidence-and-prevalence-of-hepatitis-b

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	When looking at obesity by ethnic groups, compared with white British adults who are more likely than average to be overweight or living with obesity (64.5%), adults from Black ethnic groups have the highest rates of overweight or obesity (72.0%) and the lowest rates are seen in Chinese ethnic groups (37.5%)[9].	
Religion and belief: people with different religions/faiths or beliefs, or none.	The specification will not have any positive or adverse impact on this protected characteristic group. Access to Specialised Hepatobiliary & Pancreas services will not be impacted by a patient's religion or belief. All NHS services and providers are expected to provide care without discrimination and with respect and dignity, aligning with the expectations outlined in the NHS Constitution.	No specific mitigations are required. Commissioned providers will require all their staff to have completed their mandatory Equality, Diversity & Inclusion training to ensure they are fully compliant with all relevant legislation.
Sex: men; women	Men experience twice as many potential years of life lost to alcohol conditions compared to women (1,116/100,000 years for men vs 500/100,000 for women)[10]. The rate showed no significant change in 2020 for men but is increasing and getting worse for women. Women are affected by some immune liver	The proposal sets a standard for hepatobiliary and pancreas services for all patients, irrespective of gender. Although women have traditionally been less likely to experience alcohol-related conditions, services should be mindful that the prevalence of alcohol use disorders could be showing an

[9] https://www.ethnicity-facts-figures.service.gov.uk/health/diet-and-exercise/overweight-adults/latest

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	conditions more than men, for example primary biliary cholangitis where the ratio is 8:1 and where variation in care has been evidenced in a national UK-wide audit. Incidence and prevalence figures are available for hepatitis b infection (by not hepatitis c infection) by sex showing that estimated HBsAg prevalence is highest in males (0.77%), compared to females (0.41%)[i]. Although these rates are low overall, the rate in males are nearly double the rate in females. HBsAg (Hepatitis B surface Antigen) is a test used to detect the presence of the hepatitis B infection in the blood. Men are affected by chronic pancreatitis far more than women, at a ratio of 7:1. Where patients may need to access inpatient services, they should have access to wards appropriate for their sex, aligning with relevant national guidance and policy on single sex accommodation and on Enhancing privacy and dignity. The latest available data shows that the prevalence of overweight (including obesity) was higher among men (69.2%) than women (58.6%), however the	increasing trend in women. In other conditions such as immune liver disease services should be set up to ensure that women are not inadvertently disadvantaged by variation in access to and quality of care. Services should therefore ensure that they are accessible and inclusive to all genders and consider the possibility of underlying alcohol use disorders in people who do not identify as male to avoid the potential to miss a diagnosis.

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	prevalence of obesity in adults was similar among men (26.4%) and women (26.2%)[11].	
Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual.	There is no published evidence to provide a credible estimate of the rates of alcohol use, obesity and viral hepatitis in this population. Some studies hypothesise that groups who face stigma and discrimination may drink alcohol at harmful levels but there are methodological issues associated with large scale population surveys of the kind needed to fill this evidence gap. The specification will not have any positive or adverse impact on this protected characteristic group. Access to Specialised Hepatobiliary & Pancreas services will not be impacted by a patient's sexual orientation. All NHS services and providers are expected to provide care without discrimination and with respect and dignity, aligning with the expectations outlined in the NHS Constitution.	No specific mitigations are required. Commissioned providers will require all their staff to have completed their mandatory Equality, Diversity & Inclusion training to ensure they are fully compliant with all relevant legislation.

[11] https://www.gov.uk/government/statistics/update-to-the-obesity-profile-on-fingertips/obesity-profile-short-statistical-commentary-may-2024

4. Main potential positive or adverse impact for people who experience health inequalities summarised

Please briefly summarise the main potential impact (positive or negative) on people at particular risk of health inequalities (as listed below). Please state **N/A if your proposal will not impact on patients who experience health inequalities.**

Groups who face health inequalities[12]	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
Looked after children and young people	Not applicable. The service specification includes arrangements for planned transition into adult services for children and young people from ages 13 to 14 onwards as appropriate.	The proposal sets a standard for hepatobiliary and pancreas services for all patients, irrespective of their looked after status.
Carers of patients: unpaid, family members.	The new specification will not have any positive or adverse impact on this protected characteristic group.	The service specification has been developed with patient and public voice representatives. Specialised Hepatobiliary & Pancreas services will continue to signpost patients and their carers/family members to support groups, Charities and other third sector organisations following diagnosis
Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs.	People experiencing homelessness may be at increased risk of liver disease and chronic pancreatitis as alcohol use can be both a cause and an effect of homelessness. People experiencing homelessness may be at increased risk of viral hepatitis (both Hepatitis B and C) if they are also people who inject drugs. People experiencing homelessness can find it challenging to access treatment for alcohol and substance misuse as well as primary care and may	The proposal sets a standard for hepatobiliary and pancreas services for all patients, irrespective of their housing status. Commissioned providers should ensure that their services are accessible and attractive to all patients and delivered in a manner that is free from judgement and welcoming to all. Commissioners should ensure services are available as close to patients as possible for ease of access, particularly where there is sufficient local demand. Information should be available to patients in a style and format that enables patients to

[12] Please note many groups who share protected characteristics have also been identified as facing health inequalities.

Groups who face health inequalities[12]	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	therefore enter the treatment pathway with more advanced liver and pancreatic disease. People experiencing homelessness may have poor health literacy and agency and face stigma and discrimination when trying to access health and care services and arrange follow-up appointments.	understand and retain the content. All providers should have non-attendance policies that include flexibility for groups that may be disproportionately disadvantaged, such as those experiencing homelessness, where contacting patients consistently may be more challenging. All providers should use multiple forms of contacting patient by letter, phone call or via a referring agency where consent has been provided, agreed prior to discharging such individuals for non-attendance. Commissioned providers will require all their staff to have completed their mandatory Equality, Diversity & Inclusion training to ensure they are fully compliant with all relevant legislation.
People involved in the criminal justice system: offenders in prison/on probation, ex-offenders.	People involved in the criminal justice system may be at increased risk of liver and pancreatic disease if they also have a history of alcohol use and/or injecting drug use. People involved in the criminal justice system may find it challenging to access primary care if they experience stigma, discrimination and social exclusion and may therefore enter the treatment pathway with more advanced liver and pancreatic disease. People involved in the criminal justice system may have poor literacy, health literacy and agency which may make access health and care	The proposal sets a standard for hepatobiliary and pancreas services for all patients, irrespective of their offending status and history. Commissioned providers should ensure that their services are accessible and attractive to all patients and delivered in a manner that is free from judgement and welcoming to all. Information should be available to patients in a style and format that enables patients to understand and retain the content. Commissioners should ensure that there is continuity of care for people leaving prison and that patients are transferred to services as close to home as possible for ease of access so that they are retained in treatment. This is particularly

Groups who face health inequalities[12]	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	services and arranging follow-up appointments difficult.	relevant and important for patients receiving treatment for viral hepatitis. Commissioned providers will require all their staff to have completed their mandatory Equality, Diversity & Inclusion training to ensure they are fully compliant with all relevant legislation.
People with addictions and/or substance misuse issues	People with addictions or substance misuse issues may be at increased risk of liver disease as alcohol use accounts for approximately a third of liver disease and the more alcohol someone drinks, the greater their risk[13]. People who inject drugs are at increased risk of Hepatitis B and C. People with addictions or substance misuse issues may be at increased risk of chronic pancreatitis as alcohol is responsible for around 70-80% of chronic pancreatic disease and whilst smoking is not thought to be a risk factor, it is known to exacerbate chronic pancreatitis[14]. People with addictions or substance misuse issues can find it challenging to access treatment for alcohol and substance misuse as well as primary care and may therefore enter the treatment pathway with more advanced liver and pancreatic	The proposal sets a standard for hepatobiliary and pancreas services for all patients, irrespective of addiction or other substance misuse issues. Commissioned providers should ensure that their services are accessible and attractive to all patients and delivered in a manner that is free from judgement and welcoming to all. Information should be available to patients in a style and format that enables patients to understand and retain the content. Commissioned providers will require all their staff to have completed their mandatory Equality, Diversity & Inclusion training to ensure they are fully compliant with all relevant legislation.

[13] https://fingertips.phe.org.uk/profile/liver-disease
[14] https://www.nice.org.uk/guidance/ng104/chapter/Context#chronic-pancreatitis-2

Groups who face health inequalities[12]	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	disease. People experiencing addictions and substance misuse issues may have poor health literacy and agency and face stigma and discrimination when trying to access health and care services and arrange follow-up appointments.	
People or families on a low income	People or families on a low income may face challenges in arranging and attending appointments if they have competing priorities and/or inflexible working patterns without paid time off work to attend appointments. This may result in people or families on a low income entering the treatment pathway later, when their disease has progressed.	The proposal sets a standard for hepatobiliary and pancreas services for all patients, irrespective of income. Services should be mindful of the need to arrange appointments flexibly and using a digital first approach where appropriate to minimize travel times and maximise convenience for patients. Where face to face appointments are essential, services should also consider if it is possible to arrange this so that the number of visits patients need to make can be minimized (e.g. investigations and consultations scheduled on the same day). This will make for more efficient treatment planning as well as having a positive environmental impact. Services should signpost to support services and information, as applicable, to support patient access. This includes information about relevant public transport links and access to support with cost of prescription medicines, including the NHS Prescription Prepayment Certificate. Patients and families may be directed to the Healthcare Travel Costs Scheme for support with

Groups who face health inequalities[12]	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
		costs for attending specialised centres, where eligible [Link]. Data collection and quality monitoring should include recording and monitoring of any disparities in access and outcomes on basis of deprivation decile to support engagement with ongoing national, regional and local work to address health inequalities across all NHS services.
People with poor literacy or health Literacy: (e.g. poor understanding of health services poor language skills).	People with poor literacy or health literacy may find it challenging to access treatment for liver and pancreatic disease and may be less likely to seek help early in their disease progression. In addition, people with poor literacy or health literacy may face difficulties in arranging or attending follow-up appointments if they are unused to prioritising their health care needs.	The proposal sets a standard for hepatobiliary and pancreas services for all patients, irrespective of literacy or health literacy levels. Services should be mindful to communicate with patients in a style and format that maximises patients' ability to understand and retain the content.
People living in deprived areas	People living in deprived areas may be more likely to experience liver and pancreatic disease as both alcohol use and obesity are associated with deprivation. Deprivation is not evenly distributed across England, with the South East being the least deprived Region (IMD 2019 score of 15.5).	The proposal sets a standard for hepatobiliary and pancreas services for all patients, irrespective of the deprivation in the geographical area in which they live. By commissioning providers in a networked service model, the aim is for equitable and accessible coverage across the whole of England. Where face to face appointments are essential, services should also consider if it is possible to arrange this so that the number of visits patients

Groups who face health inequalities[12]	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	and the North East being the most deprived Region (IMD 2019 score 28)[15].	need to make can be minimized (e.g. investigations and consultations scheduled on the same day). This will make for more efficient treatment planning as well as having a positive environmental impact. Services should signpost to support services and information, as applicable, to support patient access. This includes information about relevant public transport links and access to support with cost of prescription medicines, including the NHS Prescription Prepayment Certificate. Data collection and quality monitoring should include recording and monitoring of any disparities in access and outcomes on basis of deprivation decile to support engagement with ongoing national, regional and local work to address health inequalities across all NHS services.
People living in remote, rural and island locations	People living in remote, rural and island locations may face challenges in arranging and attending appointment if they have to travel long distances to attend appointments. This may result in people living in remote, rural and island locations entering the treatment pathway later, when their disease has progressed.	The proposal sets a standard for hepatobiliary and pancreas services for all patients, irrespective of the population density where they live. Services should be mindful of the need to arrange appointments flexibly and using a digital first approach where appropriate (and technology supports this) to

[15] https://fingertips.phe.org.uk/public-health-outcomes-framework#page/0/gid/1938132983/pat/15/par/E92000001/ati/6/are/E12000004/iid/93553/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

Groups who face health inequalities[12]	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
		minimize travel times and maximise convenience for patients. Where face to face appointments are essential, services should also consider if it is possible to arrange this so that the number of visits patients need to make can be minimized (e.g. investigations and consultations scheduled on the same day). This will make for more efficient treatment planning as well as having a positive environmental impact. By commissioning providers in a networked service model, the aim is for equitable and accessible coverage across the whole of England. Local care will provide to remote, rural and island communities in a hub and spoke approach.
Refugees, asylum seekers or those experiencing modern slavery	Refugees and asylum seekers are legally entitled to free primary and secondary NHS care. However, refugees, asylum seekers or those experiencing modern slavery may face challenges or be at increased risk of liver disease if they migrated to the UK from a country with a high prevalence of viral hepatitis and lower rates of vaccination for Hepatitis B and treatment for Hepatitis C (typically Eastern Mediterranean and South East Asian countries). In addition, refugees, asylum seekers and those experiencing modern slavery may face difficulties in accessing primary care if they have no recourse to public funds, are unable to prioritise	Commissioned providers will require all their staff to have completed their mandatory Safeguarding and Equality, Diversity & Inclusion training to ensure they are fully compliant with all relevant legislation.

Groups who face health inequalities[12]	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	their health needs or have poorer literacy and health literacy. This may be compounded by language and other cultural barriers and exacerbated by any additional vulnerabilities including safeguarding issues.	
Other groups experiencing health inequalities (please describe)	None.	

5. Engagement and consultation

a. Have any key engagement or consultative activities been undertaken that considered how to address equalities issues or reduce health inequalities? Please place an x in the appropriate box below.

Yes X	No	Do Not Know

b. If yes, please briefly list up the top 3 most important engagement or consultation activities undertaken, the main findings and when the engagement and consultative activities were undertaken.

Name of engagement and consultative activities undertaken		Summary note of the engagement or consultative activity undertaken	Month/Year
1	Reviewed with PPV and public health representatives from the HPB CRG		**July 2024**
2	Stakeholder engagement	Stakeholders invited to comment on the full document suite, including EHIA, and comments received.	**September 2024**
3	**Shared with PPVAG for review and comment**		**November 2024**

6. What key sources of evidence have informed your impact assessment and are there key gaps in the evidence?

Evidence Type	Key sources of available evidence	Key gaps in evidence
Published evidence	Office for Health Improvement & Disparities Fingertips Public health Data https://fingertips.phe.org.uk/ World Health Organization : Hepatitis https://www.who.int/health-topics/hepatitis#tab=tab_1 British Liver Trust https://britishlivertrust.org.uk/ NICE Guidance NG104 : Pancreatitis https://www.nice.org.uk/guidance/ng104	
Consultation and involvement findings		
Research		

Evidence Type	Key sources of available evidence	Key gaps in evidence
Participant or expert knowledge For example, expertise within the team or expertise drawn on external to your team		

7. Is your assessment that your proposal will support compliance with the Public Sector Equality Duty? Please add an x to the relevant box below.

	Tackling discrimination	Advancing equality of opportunity	Fostering good relations
The proposal will support?	X	X	X
The proposal may support?			
Uncertain whether the proposal will support?			

8. Is your assessment that your proposal will support reducing health inequalities faced by patients? Please add an x to the relevant box below.

	Reducing inequalities in access to health care	Reducing inequalities in health outcomes
The proposal will support?	X	X
The proposal may support?		
Uncertain if the proposal will support?		

9. Outstanding key issues/questions that may require further consultation, research or additional evidence. Please list your top 3 in order of priority or state N/A

Key issue or question to be answered		Type of consultation, research or other evidence that would address the issue and/or answer the question
1		
2		
3		

10. Summary assessment of this EHIA findings

This assessment should summarise whether the findings are that this proposal will or will not make a contribution to advancing equality of opportunity and/or reducing health inequalities, if no impact is identified please summarise why below. *This proposal will advance equality of opportunity or reduce health inequalities, through the establishment of more formal network referral arrangements, enabling better access to specialised services for those that need this additional level of care.*

11. Contact details re this EHIA

Team/Unit name:	Internal Medicine Programme of Care
Division name:	Specialised Commissioning
Directorate name:	Chief Finance Officer
Date EHIA agreed:	2024
Date EHIA published if appropriate:	2024

[i] https://www.gov.uk/government/publications/hepatitis-b-in-england/hepatitis-b-in-england-2024#reducing-incidence-and-prevalence-of-hepatitis-b